

RECEIVED+FILED

2008 OCT 14 AM 10:42

STENOGRAPHIC

FORM 101
(10-05)

United States Bankruptcy Court		INVOLUNTARY PETITION
EASTERN	District of MISSOURI	
IN RE (Name of Debtor - If Individual: Last, First, Middle) EDWARD JONES SECURITIES		ALL OTHER NAMES used by debtor in the last 8 years (include married, maiden, and trade names) EDWARD JONES
LAST FOUR DIGITS OF SOC. SEC. NO./Complete EIN or other TAX I.D. NO (If more than one, state all.)		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 201 Progress Parkway Maryland Heights, Missouri 63043		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	63043 ZIP CODE	ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) NORTHERN TRUST COMPANY, 50 LaSalle St, Chicago, Illinois 60603		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		TYPE OF DEBTOR <input type="checkbox"/> Individual <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Health Care Business <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Commodity Broker <input checked="" type="checkbox"/> Other: SECURITIES FIRM
BRIEFLY DESCRIBE NATURE OF BUSINESS		
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3. a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input checked="" type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

Name of Debtor EDWARD JONES SECURITIES

OFFICIAL FORM 5 - Page 2
Involuntary Petition
(10/05)

Case No. _____

TRANSFER OF CLAIM

☒ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X *Daniel Watlington*
Signature of Petitioner or Representative (State title)
DANIEL WATLINGTON 5-27-08
Name of Petitioner Date Signed

Name & Mailing 8610 Birdseye Court
Address of Individual LINDEN, NORTH CAROLINA
Signing in Representative 28356
Capacity

X _____
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X *Keith Wayne Austin*
Signature of Petitioner or Representative (State title)
KEITH WAYNE AUSTIN 5-27-08
Name of Petitioner Date Signed

Name & Mailing 4606 Granite Shoals Road
Address of Individual San Antonio, Texas 78244
Signing in Representative
Capacity

X _____
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X *Paul Benjamin Goist*
Signature of Petitioner or Representative (State title)
PAUL BENJAMIN GOIST 5-27-08
Name of Petitioner Date Signed

Name & Mailing P.O. Box 52020
Reg No.: #53614-060
Address of Individual Bennettsville, SC 29512
Signing in Representative
Capacity

X _____
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner DANIEL WATLINGTON 8610 Birdseye Court Linden, North Carolina 28356	Nature of Claim SECURED	Amount of Claim \$50,700,000.00
Name and Address of Petitioner KEITH WAYNE AUSTIN 4606 Granite Shoals San Antonio, Texas 78244	Nature of Claim SECURED/ASSIGNED	Amount of Claim \$2,000,000.00
Name and Address of Petitioner PAUL BENJAMIN GOIST P.O. Box 52020 Bennettsville, SC 29512	Nature of Claim SECURED/ASSIGNED	Amount of Claim \$2,000,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$50,700,000.00

2 continuation sheets attached

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X THOMAS C. Sims
~~Signature of Petitioner or Representative~~
(State Title)
THOMAS SIMS 5-27-08
Name of Petitioner Date Signed

Name & Mailing Address 4918 Ashford Drive
of Individual Signing in Upper Marlboro Maryland
Representative Capacity 20772

Name and Address of Petitioner	Nature of Claim	Amount of Claim
THOMAS SIMS 4918 Ashford Drive Upper Marlboro, Maryland 20772	Secured/Assigned	\$5,000,000.00

TOTAL AMOUNT OF CLAIM

\$ 5,000,000.00

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X Darnell King
~~Signature of Petitioner or Representative~~
(State Title)
DARNELL KING 5-27-08
Name of Petitioner Date Signed

Name & Mailing Address 109 South 7th Avenue
of Individual Signing in Mount Vernon, New York
Representative Capacity 10550

Name and Address of Petitioner	Nature of Claim	Amount of Claim
DARNELL KING 109 South 7th Avenue Mount Vernon, New York 10550	Secured/Assigned	\$5,700,000.00

TOTAL AMOUNT OF CLAIM

\$5,700,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MISSOURI

IN RE: EDWARD JONES SECURITIES
201 Progress Parkway
Maryland Heights, Missouri
28356

CASE NO.: _____

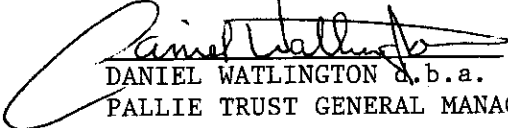
Debtor(s)

INVOLUNTARY PETITION
CHAPTER SEVEN

7

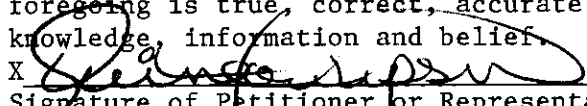
1. The Creditors mailing address is PALLIE TRUST 8610 Birdseye Court, Linden, North Carolina 28356;
2. The Debtor(s) mailing address is, EDWARD JONES SECURITIES, principle place of business is, 201 Progress Parkway, Maryland Heights, Missouri, 28356, and principle place of assets is located at Northern Trust Company, 50 S. LaSalle Street, Chicago, Illinois 60603;
3. The Debtor(s) has resided or has been domiciled or the Debtor(s) principle place of business or principle place of assets of the Debtor(s) have been within this District for the preceeding 180 days or for longer period of the preceeding 180 days than in any other district.
4. The Creditor is qualified to file this Petition as the Debtor is generally not paying such debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

Respectfully Submitted


DANIEL WATLINGTON d.b.a.
PALLIE TRUST GENERAL MANAGER
8610 Birdseye Court
Linden, North Carolina 28356
for and on behalf of PALLIE TRUST

Creditor-pro-se

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X 
Signature of Petitioner or Representative
(State Title)

QUINDORA P. UPSON 5-31-08
Name of Petitioner Date Signed

Name & Mailing Address
of Individual Signing in
Representative Capacity

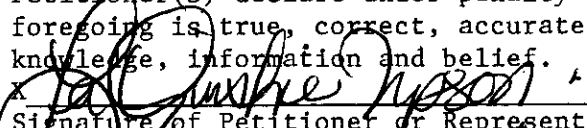
4918 Ashford Drive
Upper Marlboro, Maryland
20772

Name and Address of Petitioner	Nature of Claim	Amount of Claim
QUINDORA P. UPSON 4918 ASHFORD DR Upper Marlboro, Maryland 20772	Secured/Assigned	\$2,000,000.00

TOTAL AMOUNT OF CLAIM

\$ 2,000,000.00

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X 
Signature of Petitioner or Representative
(State Title)

LAQUISHIA D. UPSON 5/31/08
Name of Petitioner Date Signed

Name & Mailing Address
of Individual Signing in
Representative Capacity

4918 Ashford Drive
Upper Marlboro, Maryland
20772

Name and Address of Petitioner	Nature of Claim	Amount of Claim
LAQUISHIA D. UPSON 4918 ASHFORD DR UPPER MARLBORO, MARYLAND 20772	SECURED/ASSIGNED	\$2,000,000.00

TOTAL AMOUNT OF CLAIM

\$ 2,000,000.00

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X Felicia Lynn White

Signature of Petitioner or Representative

(State Title)

FELICIA LYNN WHITE

05-31-08

Name of Petitioner

Date Signed

Name & Mailing Address

of Individual Signing in

Representative Capacity

4804 Ashford Drive

Upper Marlboro, Maryland

20772

Name and Address of Petitioner	Nature of Claim	Amount of Claim
FELICIA WHITE 4804 ASHFORD DRIVE		
UPPER MARLBORO, MARYLAND 20772	SECURED/ASSIGNED	\$500,000.00

TOTAL AMOUNT OF CLAIM

\$ 500,000.00

Petitioner(s) declare under penalty of perjury that the foregoing is true, correct, accurate according to the best of their knowledge, information and belief.

X Adriana M. White

Signature of Petitioner or Representative

(State Title)

ADRIANA M. WHITE

6/31/08

Name of Petitioner

Date Signed

Name & Mailing Address

of Individual Signing in

Representative Capacity

4804 ASHFORD DRIVE

UPPER MARLBORO, MARYLAND

20772

Name and Address of Petitioner	Nature of Claim	Amount of Claim
ADRIANA M. WHITE 4804 ASHFORD DR		
UPPER MARLBORO, MARYLAND 20772	SECURED/ASSIGNED	\$100,000.00

TOTAL AMOUNT OF CLAIM

\$ 100,000.00